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7590 02/18/2005

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| | | |
|---------------------|--|--------------------|
| <i>Paul M. Denk</i> | | (Depositor's name) |
| <i>Paul M. Denk</i> | | (Signature) |
| | | 5-6-05 |
| | | (Date) |

05/10/2005 GWORDOF2 00000046 10676932

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|-----------------|-------------|----------------------|---------------------|------------------|
| 01 FC:2501 | 700.00 OP | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 02 FEE PAID | 700.00 OP | Fred D. Oberhaus | 7344 | 7847 |
| APPLICATION NO. | FILING DATE | | | |
| 10/676,932 | 10/01/2003 | | | |

TITLE OF INVENTION: SYMMETRICALLY DESIGNED SNAP-ON SHELF

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

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|----------------|-----|-------|-------|--------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 05/18/2005 |
|----------------|-----|-------|-------|--------|------------|

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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| | | |
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| STERLING, AMY JO | 3632 | 248-249000 |
|------------------|------|------------|

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Paul M. Denk*
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Paul M. Denk*

Date *5-6-05*

Typed or printed name *Paul M. Denk*

Registration No. *22598*

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